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PSYCHOTHERAPY ENCOUNTERS CURANDERISMO: IMPLICATIONS FOR
MEXICAN CLIENTS TREATED IN THE UNITED STATES BY
CULTURALLY INSENSITIVE SOCIAL WORKERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of
Social Work

by
Anthony Joseph Riech

June 1994

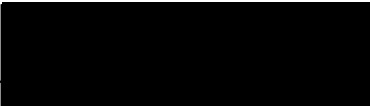
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Abstract

This study measured MSW and BSW students' knowledge of and attitude toward Mexican clients/patients who participate in the folk healing art of curanderismo, before and after an educational intervention was shown to the students. A significant majority of students did become more accepting of working with these clients/patients, and with a curandero(a), and a significant increase in knowledge was observed. However, there was approximately 8% of the student population who did not change from a negative attitude to a positive attitude, which could indicate a cultural bias and a wish to practice social work according to one value system only. MSW students were found to be slightly more accepting and willing to change than BSW students.

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Introduction

Purpose of the study

The United States is made up of many races, creeds, cultures and ethnic groups which have come together, each with their own social constructs. Therefore social workers involved in direct practice need to be aware of their client's or patient's world view. This study examined the world view of the Mexican immigrant living in the United States, or Mexican Americans, who participate in the phenomenon of folk healing. The particular type of folk healing addressed in this study was Curanderismo, which is the folk beliefs about illness, herbal medicine, curative practices, and psychiatric therapy. The preceding is a positive view of the practice of curanderismo as described by Rivera et. al. (1978), the actual dictionary description of a Curandero, which is a male who practices Curanderismo is; Curandero [coo-ran-day-ro]m. Quack, Medicaster, an artful and tricking practitioner of physic (Velazquez, 1974). This is a definition of a curandero from a popular Spanish and English dictionary.

This study examined how social workers and social work students understand curanderismo, and its effects on Mexican clients. A critical analysis with a conflict theory perspective was conducted, examining social workers' ignorance and/or insensitivity to the client who participates in this folk healing. Treatment of Mexican

clients in general by members of the mental health profession was addressed also.

This study evaluated current cultural sensitivity in social work students. It measured cultural sensitivity before an intervention had been made, and then evaluated the change in cultural sensitivity after the intervention was administered.

An underlying goal of this study was to do more than to just raise consciousness about a culturally insensitive system of treatment and training, but during the study, to offer a form of education about Curanderismo. Participants were challenged to review their attitudes to curanderismo, and educated about ways to include the use of a Curandero, a male practitioner, or a Curandera, a female practitioner, in their practice.

Problem focus

This study had a Conflict Theory orientation and a Positivist design. The major social work role to be addressed in this study was direct practice, examining the interaction of social workers with their Mexican clients who happen to practice Curanderismo. Practice with individuals rather than families and groups was the study's focus.

This study addressed two questions. The first was, what is the social work student's current state of knowledge of, and attitude toward folk healers, in particular, Curandero's or Curandera's. The second question was, how do these

attitudes change after the social work student has been informed about the particular folk healers approach and beliefs.

Let us explore the following scenario; a Mexican child is escorted to your office by his mother with a complaint that the child is very anxious and has been exposed to the "evil eye". Many therapist would know how to deal with the anxiousness of the child, or at least know where to begin the exploration. But what about the evil eye? Do we give the mother a quick mental status exam, questioning her reasoning, call child protective services to protect the child, or do we refer the mother and child to a reputable Curandero or Curandera to cure the evil eye? Actually in this case the proper answer would be the latter, or if she or he were fluent in the folk treatment process, the therapist could handle the problem themselves. The therapist could preform a conjoint session to get rid of the evil eye. This would work if all parties involved were cooperative; if the child believed, and if the mother would agree to further treatment for the child. This is basic social work practice in that it starts where the client is. Once the patient is grounded in reality, conventional therapy may begin.

Through education, opinions can be changed, sometimes very rapidly. This is important to social work because it relates directly to direct social work practice, or shall we

say malpractice.

Literature Review

Current educational mechanisms

When a person thinks of a social worker she or he probably thinks of a person who is caring, well-trained in the complex society we live in, and able to deal with complicated issues such as racism and prejudice. Yet a review of 23 social work practice texts written between 1970 and 1990 showed minimal attention to such issues as seen in table 1 which indicates that only a minute portion of social work texts are dedicated to minority, cultural and ethnic issues. The number of minority-related chapters was compared with the total number of chapters, and the number of subject-index pages related to ethnicity, culture, and minorities was compared with the total number of pages of each book. Table 2. explains the findings of the number of pages in the books as they relate the subjects of ethnicity, culture and minorities. Again the findings indicate a culturally insensitive social work training norm. Social work students are being exposed to these writers, not receiving adequate information on ethnic minority practice principals.

Another study examined three social work journals; Families in Society, Social Service Review, and Social Work. The journal studies were form the same 1970 - 1990 time

Table 1
Cultural Insensitivity of Social Work Practice Texts

23 Social Work Practice Texts 1970 -1990		
Contents	Number of Practice Texts	Percentage
Contained No Specified Minority Chapters	18	78%
Contained No Subject Indexes on Ethnicity, Culture, and Minorities.	9	39%
Contained No Chapters or Subject Indexes on Ethnicity, Culture, and Minorities.	7	30%
Contained Minority Articles or Chapters, ranging from one to seven.	5	22%
Contained Subject-Index pages related to Ethnicity, Culture, and	3	13%

Table 1. Continued...

Minorities.		
4% (15 of 356) of the chapters were Minority Focused from all 23 Texts		

Table 1. Survey of 23 Social Work Practice Texts indicating the lack of cultural, ethnic and minority sensitivity (Lum, 1992, pg. 23).

period. The journals contained 2%, (N=66), general minority articles, 2%, (N=62), African American articles, 1%, (N=38), Hispanic American articles, 1%, (N=36), Asian American articles, and 1%, (N=35), Native American articles. This represents 7%, or 238 articles on ethnic minority issues and groups out of 3,134 total articles. Families in Society published 10%, or 120 articles on ethnic minorities out of 1,256 articles. Social Work published 8%, or 99 articles on ethnic minorities out of 1,204 total articles. Finishing last is Social Service Review which published only 4%, or 28 articles on ethnic minorities out of 674 total articles.

Another interesting finding was the there were seven years, 1975, 1976, 1979, 1981, 1983, 1984, and 1987 in which Social Service Review published no articles on ethnic minorities. There was one year, 1971, in which Social Work published no articles on ethnic minorities. (Lum, 1992).

Table 2
Culturally Insensitive Social Work Practice
Texts Examined by Page

Total number of Pages From the 23 Social Work Practice Texts Mentioned in Table 1 = 10,368		
Area Devoted To:	Of the Total Pages	Percentage
The Subject of Ethnicity	94	.9%
The Subject of Culture	144	1.%
The Subject of Minorities	62	.6%
The Combined Subjects of Ethnicity, Culture, and Minorities	30	3.%

Table 2. A breakdown by number of pages as to the percentage of area coverage devoted to ethnicity, culture, and minority issues in the study referred to in Table 1 (Lum, 1990, pg. 23).

The preceding information indicates that there is not much social work literature providing knowledge, skills, and intervention strategies required to work effectively with

minority people. It seems that the social work profession has become more ethnocentric, and is reflecting general trends in American society. This indicates a great need for change, especially in a profession that is supposed to help the oppressed and the repressed.

History of curanderismo

To understand curanderismo a person first must understand the roots of this folk belief. It may be assumed by many that since curanderismo is a Spanish word and because it is prevalent in Mexico, that it originated there. Actually curanderismo is a mixture of influences from across the world, from the distant past, and it is also influenced by today's modern health care system.

According to Trotter and Chavira (1981) there are at least six major historical influences that have shaped the beliefs and practices of curanderismo by Mexican Americans. Their study examined Mexican Americans in the Lower Rio Grande Valley of Texas but other authors write about the same influences on Mexicans in different areas of the United States (Kiev, 1968). These six major historical influences are shown in Figure 1. First, the basic framework for curanderismo is found in Judeo-Christian beliefs and practices. The Bible had its influence through references made to the specific healing properties of animal parts, plants, oil, and wine.

God's power over man contains two aspects uses in

curanderismo. First is that God can and does heal directly, and second, the idea that people with a special gift from God can heal in his name. Therefore the curandero does not heal, God does. Because the church believes in souls, so does the curandero, especially those working as spiritualists, who are called espiritistas and espiritistas. They say that belief in the soul confirms the existence of saints and devils, as well as regular human souls. Believers in curanderismo will use a curandero to contact these spirits and ask them to use their power, for good or evil goals.

Second, pre-conquest Spain's healing system combined earlier Greek and Roman practices of Hippocratic medicine with the highly successful Arabic medical practices introduced in Spain by the Moors. These medical practices were brought to the New World at the time of the conquest and were eventually influenced by Native American healing practices. These theoretical components of the Spanish medical beliefs were from the Hippocratic base, which has the doctrine of the four "humors"; Blood, phlegm, black bile, and yellow bile. Each humor had its "complexion": Blood, hot and wet; phlegm; cold and wet, black bile; cold and dry, and yellow bile; hot and dry. Of these the hot and cold complexions are of most influence today (Foster, 1953).

Third, from Medieval and European witchcraft there are many chants and practices passed on and brought to the new

Figure 1
Six Major Historical Influences Affecting Belief
In Curanderismo

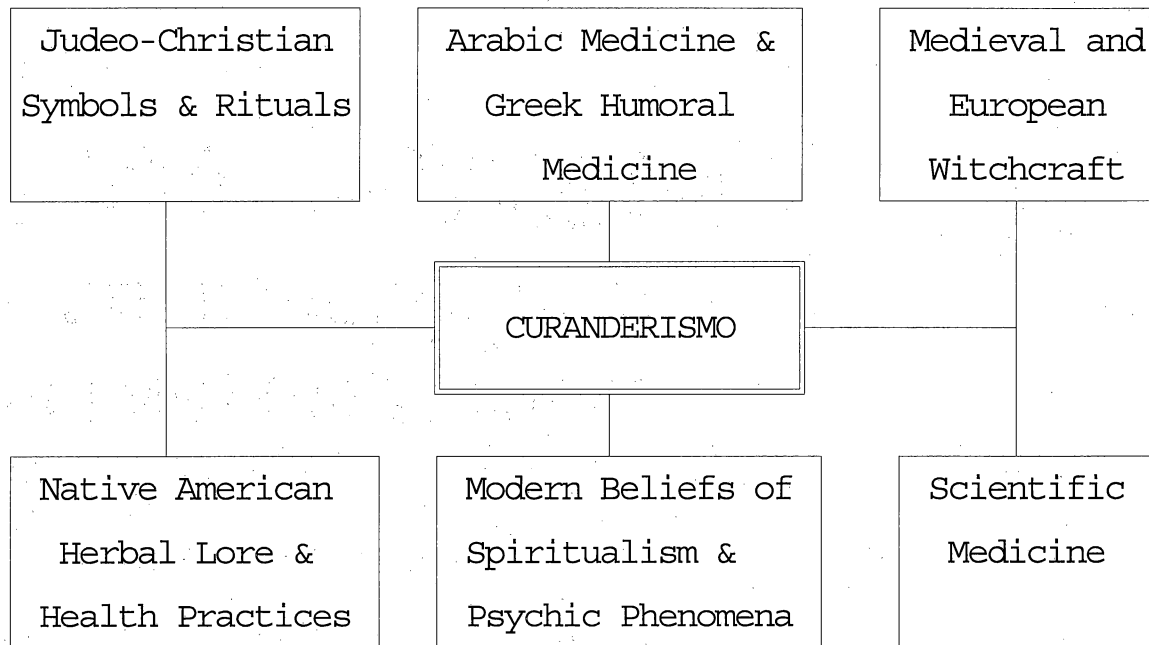


Figure 1. The six major historical influences that have shaped the beliefs and practices of curanderismo by Mexican people who participate in that folk medicine.

world, some are still used today. This witchcraft mixed with Christianity gave curanderismo a dual philosophical system. The duality is symbolized by the differences between a religious orientation and a magical orientation. As Hobel, (1972) explains; It is the state of mind of the practitioner that distinguishes religion from magic, and says which one is good or evil. In the religious state of

mind, man acknowledges the superiority of the supernatural powers upon whose action his well being depends. The magician, on the other hand, believes that he controls supernatural power under certain conditions. Many practitioners of curanderismo have combined these two philosophies into a single belief system.

Fourth, this does create a problem for today's curanderos. They are facing resistance from fundamentalist groups and pentecostal churches because of the possibility of the curanderos being the devil's agents on earth (Trotter & Chavira, 1981).

Fifth, the most important influence on curanderismo was the impact that the incredibly rich and extensive knowledge of medicinal herbs existing in Native American groups has had on European pharmacology. Because there were few doctors at the beginning period of the conquest, books were written about the new cures discovered from the Native Americans, and distributed around the new world. Some of these medicinal herb books are still in use today (Foster, 1953). Many of these herbs are used today by modern curanderos.

Sixth, some curanderos have offices set up like modern medical doctors, and even accept diagnoses made by mainstream doctors, and then apply their own treatment methods. Some even use modern drugs and anatomical charts (Alger, 1974). Some curanderos do recognize conventional

diseases and will refer their client to a mainstream doctor. However they say they also recognize diseases that mimic certain diseases and were actually caused by a burjo, a male witch, and will attempt to heal that person with curanderismo methods. Dealing with mental illness is still another case because of the way many Mexican people view the etiology of curanderismo

Etiology of curanderismo

According to Kraewski-Jamie (1991), Latinos, especially Mexican Americans, perceive illness as a state of physical discomfort. The most common criteria for good health is a strong body, the ability to maintain a high level of normal physical activity, and the absence of persistent pain and discomfort. If the client is not suffering from any of these symptoms then it is difficult to practice preventative medicine. The etiology of folk illness is broken into three most common beliefs. They are (1) natural and supernatural forces, (2) imbalances of heat and cold, and (3) emotions as a cause of disease (Chesney et. al., 1980, Klien, 1978, Abril, 1977, & Keiv, 1968). Examples are as follows. In the natural and supernatural category, exposure to the forces of nature, such as moonlight, eclipses, cold, heat, air, wind, sun, and water are believed, especially by poor immigrant families, to cause illness (Abril, 1977). Mal aire is a folk belief in which "bad air" affects children and adults, causing pain, cramps, and most commonly, facial

twitching and paralysis (Clark, 1970).

With the supernatural, *mal ojo*, or, "evil eye" is a magical term. Here someone with a strong vision admires someone else's child and without actually touching them, the child may fall ill. The simplest treatment for this is to have the person who exerted the influence, touch the child to break any possible evil bond (Abril, 1977, Chavira, 1975). If the person who gave the evil eye is missing the child can be taken to a *curandero*. The treatment here consists of rubbing an unbroken raw egg over the child's body, then the egg is broken and the yolk examined. A good sign would be a red spot in the yolk. The egg is then placed in a bowl of water, placed under the head of the victim's bed to draw out the evil force, and the next morning the egg is buried, away from plants to avoid any evil from wilting them (Abril, 1977, Clark, 1970).

In the area of imbalances of heat and cold there requires a balance between heat and cold to be healthy. If the balance is not kept then it is possible for an evil spirit to enter the body (Ripley, 1986). Some diseases are hot, some are cold. Foods and herbs are also classified into hot or cold for treatment (Abril, 1977). An example would be to avoid a hot sickness, a person must not become cold, therefore, the person must not walk barefoot on cold tiles for fear of catching tonsillitis (Ripley, 1986).

In the area of emotions there are two common emotionally

based illness. They are mal del susto and espanto. Susto, which is fright, is usually the result of a traumatic experience, for example seeing an auto accident. Espanto, which is another form of susto, is thought to be caused by fright due to supernatural causes. Both of these illnesses are treated by curanderos (Chesney et. al., 1980, Abril, 1977).

Current concern of curanderismo

A curandero, who is also a licensed clinical social worker, expressed his concern over recent trends that are amplified by the migration of Cuban immigrants across the United States. This curandero reports that these Cuban immigrants are taking over many boticas, which are called drug stores by Mexican immigrants. In these boticas the Cuban owners are stocking a variety of herbs and oils, used in healing ceremonies. This is fine, however there is a problem when the Mexican client request the services of a Curandero who may be associated with the botica. Rather than referring the Mexican client to a Mexican Curandero, the client is referred to a Cuban Curandero, called a Santero, whose name is associated with saints.

The problem is a cultural difference in the basic influence of the Curandero. The Santeros take their beliefs from African Gods, which unlike the Christian God, often demand fear, homage, and the need to be protected from, by their followers. The Mexican client is made afraid of the

possible consequences of offending these gods and is coerced into purchasing trinkets, such as protective amulets, to ward off the evil. Fees of from \$200 to \$300 per visit are common and the clients are paying those fees because they are afraid.

Local police agencies have become interested in this practice and crack-downs are planned. This Curandero is afraid that the honest Curandero will be caught up in this crack down and be hunted and persecuted along with the con artist. He fears this will hurt the Mexican population, as they will have less access to a cultural coping tool they use very often (Aguilar, 1994).

Critical Theory Analysis

Generalities

This study does more than to just examine the difference between pre-test and post-test scores. It also had a goal to educate and inform socially insensitive social workers as to the damage they could be causing clients/patients they are treating. This damage is the impairing the clients/patients recovery by not offering, or making available, culturally sensitive treatment. Exposure of a Anglo-dominated system of training and treatment is discussed, examining how we tend to generalize treatment and people, overlook cultural differences. We often have no understanding of our minority clients base of reality and

tend to impose our own values and world views upon people we treat.

Earlier there was a dictionary definition that depicted a curandero as a quack, one who is described as a charlatan, and as one who is a talented fraudulent practitioner in the dealings with nature. This less than flattering description can be found by anyone who has the desire to look up the definition. A person who reads this definition about a curandero may accept it as true and generalize it to all Curanderos or Curanderas. We are socialized from our first days to accept the norms of our own culture, to accept the beliefs of our group. By being socialized like this we tend to start thinking in terms of generalities, lumping objects, different thoughts, or different people together to fit our own conditioned concept of how things are. This generalization process can often be negative toward the person or group that is being generalized, in this case curanderos.

When we examine the use of generalities in dealing with things, people, concepts, or traditions by who's standards are these things, people, concepts, or traditions to be judged? If our reasoning, moral development, and customs are different from the dominant cultures, then are we deviants? What if we do not even perceptually see things as most of the world does? For example, what if we have no recognition of depth or angles? Unfortunately many people

who fit into these categories have been oppressed, received inferior treatment, and have sometimes been labeled as mentally ill just because they are not understood by dominant member professionals.

In our society we tend to assume that we are universally the same in our moral development, and many studies have been conducted about moral development. How then would we view Curanderismo, where it's practitioners make incantations to spirits, use potions and herbs, and cast out evil spirits. Are these practitioners and their followers immoral? Answers to the preceding question are missing because most studies are all from one perspective, that of Anglo Americans. Riech (1991) agrees with Cortese (1990) who wrote that;

The literature on moral theory appears to view Anglo-American culture as universal in defining moral development, while unable to recognize virtually all-white research samples as a methodological problem. My central thesis is that morality based on justice cannot purely subjective, in the sense that it cannot be derived from the principles of individualism alone. Nor can it be purely objective (e.g., universal rules) (Page 1.)

The dominant culture's perspective follows the assumptions of Lawrence Kohlberg's individualistic view of morality, which has a psychological notion of universal levels and stages of moral reasoning (Hogan & Emler, 1978). Cortese (1990) traces the lineage of individualistic moral reasoning back to Immanuel Kant and discusses in great

detail how Knat's reasoning has continued through the works of Jean Piaget, Kohlberg, and Juen Habermas. He then writes that moral reasoning and development are brought about through our social and cultural contracts and are not universal. Therefore the culturally insensitive social worker will probably judge the practitioner of curanderismo as immoral, or at least less moral, than members of the dominant society.

As mentioned earlier, it has been shown that we, as humans, sometimes do not even perceive physical things the same way. This point was addressed by Kilbride and Leibowitz (1977) who conducted a series of experiments examining the magnitude of the Ponzo perspective illusion among some members of the Buganda people of Uganda. One of the findings was that people who live in a heavy jungle environment, that offers no, or little open space, and where the people are not exposed to pictures in books, to television, railroads, or even roads will react differently to a stimulus than people who are exposed to these variables. The respondents were given pictures to examine depicting depth and distance. They were only able to see and describe the pictures in two-dimensional terms. This indicated how greatly a person's environment can effect them, when two people from different cultures can look at the same object and see completely different things. Admittedly it is highly unlikely we will find a Buganda

person in a mental facility in the United States, but how might their inability to recognize simple drawings or pictures be interpreted by the staff?

What must be considered here is the question of how many other cultures that we do deal with daily might have such differences from our dominant culture that may be normal for them, and could be considered deviant or ill in ours. What are we to do when a Mexican client see a mystical message written for him or her on a piece of paper during a limpia ceremony, when all a member of the dominant society sees is a soot stain. To this person the message is as real and as meaningful as many sacred writings or physical objects of devotion of the dominant culture. To a member of the dominant culture who has no knowledge of curanderismo, a person showing them a soot stain on a piece of paper, and saying it is a sign from God, may get additional code numbers from the DSM III-R (APA, 1987) added to their diagnosis.

Marginal man, marginal treatment

Coming from a non-Anglo culture can produce negative effects and conflicts. Sue (1973) speaks of this when in his discussion of Asians in America he says;

Among individuals of minority cultural background, we find many instances of cultural conflict: the individual finds that he is heir to two different cultural traditions, and he may have difficulty in reconciling their effects on his own personality; he may find it difficult to decide to which culture he owes his primary loyalty. Such a person has been

called a Marginal Man. Because of his marginal status, he often experiences an identity crises and feels isolated and alienated from both cultures (Page 107).

It is conceivable that the clients or patients who participate in Curanderismo are marginal people, they can be torn between the customs of their Mexican heritage, and the demands of the Anglo culture they are now living in. If they are here only as sojourners, with every intention of returning to Mexico some day, why would they want to assimilate, to change their belief system, and why should they?

Perhaps a problem here is that we are acculturated as children, but not taught to challenge our system or to have the flexibility to accept other cultures as just as "normal" as our own. We are more or less hypnotized by postnatal suggestions, which are suggestions which are given by family, friends, and associates. We subconsciously hear and follow their suggestions (Riech, 1990). This is true for both cultures involved in this study. If we learn to question our beliefs, or are more accepting of other people's ideas, then probably the idea of going to a curandero, or belief in the "evil eye" would not seem so strange to dominant culture. Straus (1989) argues we should listen to our own voice and thus take control of our lives. He asks that we think of our mind as a "verb." We should "mind the world," using the mind as a function of our

bodies, and to become conscious of the world. Unfortunately there seems to be too few really conscious minds at work today, which leads to prejudice, injustice, and unfair practice among culturally insensitive caregivers.

Sue (1977) has reported that compared to Caucasian patients, minority patients were discharged from the Los Angeles, California General Hospital Outpatient Clinic more quickly and were more often seen for minimal supportive psychotherapy rather than individual or group therapy. These group members were all admitted consecutively as new patients (Yamamoto et. al., 1968). Sue goes on to say that such findings are not isolated and points out that such authors as Acosta and Sheehan (1976), Carkhuff (1972), Clark (1965), Padilla, Ruiz, and Alverez (1975), Lerner (1972), Willie, Kramer, and Brown (1973), and Attneave (1972), have pointed out that minority group clients experience difficulties in receiving adequate mental health services.

Clash between physical and emotional health

Another variable that may influence the lack of mental health care, especially for the Mexican client, is that they may prefer folk healers to more conventional psychiatric treatment because of a conceptual difference between lower-class patients and middle-class therapist. The misunderstanding between the two groups may be the difference between what is considered mental health and what is considered physical illness. Middle class therapist may

define mental health as an adequate adjustment, particularly as community-accepted standards of what human relations should be (Hinsie & Campell, 1970). What is indicated here is a distinction between physical and mental health. This distinction is not necessarily accepted by the Latino culture. The following Spanish idioms imply that psychological and physical "well being" are inseparable (Padilla et. al., 1975);

The state of well-being is usually conveyed in Spanish as *estar saludable* ("to be healthy"), *ser feliz* ("to be happy"), *sentirse o estar como un canon* ("to feel or be like a cannon, i.e., the Spanish equivalent of "fit as a fiddle"), or *sano y fuerte* ("to be healthy and strong") (Page 223).

This correlation between the body and ego may be a strong indication that many Latinos may seek out a physician rather than a mental health professional when they are emotionally disturbed.

This study had a Conflict Theory Orientation, and a Positivist design. The Conflict Theory was chosen because as described in the literature Mexican clients are oppressed by the dominant group, consisting mainly of Anglo mental health practitioners. The oppression is not always overt, yet is there room in social work direct practice for covert, or even unintentional oppression? Social work students are social change agents, yet if they are not given the information needed to change in their training programs, or

at their agencies or clinics, can we blame them for not knowing about other cultures? The answer is yes. It is the social workers' duty to educate themselves about such important issues as cultural differences. The reality is that we are not going to treat a homogeneous clientele.

Research Design and Method

Sampling

The attitude testing was conducted using university students (N=102) enrolled in both a Bachelor of Social Work (BSW) and a Master of Social Work (MSW) program as a sample. MSW students (N=77) from an Inland Empire University and BSW students (N=25) from a East Los Angeles County University made up the sample. Table 3 gives demographic information about the sample.

This sample was selected because they were accessible, were likely to be open to the subject matter, and are future social change agents. They will also be dealing directly with Mexican clients who may practice Curanderismo so such awareness will make them more able to serve this population. Other local schools were invited to participate in the study but for various reasons were not able to participate.

Design

This was a one group design, where a pre-test and a post-test were used to measure the impact of an educational intervention, who's purpose was to decrease the lack of

Table 3
General Variables of MSW and BSW Student Population

	MSW N = 79		BSW N = 25	
	%	N	%	N
<u>Sex</u>				
Female	75.3	58	72	18
Male	24.7	19	28	7
<u>Race</u>				
Anglo/European	58.4	45	36	9
African decent	14.3	11	24	6
Mexican	11.7	9	24	6
Other Latino	6.5	5	0	0
Asian/Pacific Isl.	2.6	2	12	3
Native American	3.9	3	4	1
Other	1.3	1	0	0
Missing Data	1.3	1	0	0
<u>Religion</u>				
Catholic	28.6	22	24	6
Protestant	22.1	17	32	8
Fundamentalist	11.7	9	28	7
None	14.3	11	4	1
Baptist	9.1	7	4	1

Table 3. Continued...

Non-Traditional	9.1	7	4	1
Adventist	2.6	2	0	0
Missing Data	2.6	2	4	1
<u>I Consider Myself</u> <u>Religious</u>				
Do not know or NA	3.9	3	8	2
Strongly Disagree	7.8	6	0	0
Disagree	14.3	11	20	5
Agree	49.4	38	48	12
Strongly Agree	24.7	19	24	6

Table 3. A survey of the general information about the student population being tested, examining the student's sex, race, religion, and if the student's consider themselves religious or not. Total combined MSW and BSW student population was 102.

knowledge of, and the negative attitude toward curanderismo. A pre-test was administered which tested for current knowledge of Curanderismo, and also tested for variables such as attitude toward folk healers. After the pre-test an educational intervention was administered and then a post-test given to check for change in attitude towards using folk healers in conjunction with social work. By making a positive change in attitude a goal of social change is

accomplished, lessening the number of social workers who are insensitive to curanderismo.

Data collection and instruments

The survey instrument was constructed specifically for this study. It consisted of three parts. Part one was a general information section asking for demographic information. Part two asked specific questions about personal beliefs on subjects like religion, views of curanderismo, and cross-cultural issues. The answers in this section were marked on a five point Likert type scale, with choices ranging from "I don't know" to "I strongly agree." The last section had one open-ended question which asked the participants to define a curandero, plus three scenarios which placed the participants in the hypothetical position of being a practicing social worker, in direct practice, and in a situation where they must deal with issues concerning curanderismo. There were six choices to each scenario, with only one correct answer. The survey was re-taken by the participants after an educational intervention.

Concepts were measured by giving the responses numerical value, and then rating responses according to whether they revealed a positive or negative attitude toward curanderismo. A test of participant knowledge of terms relating directly to the folk healing practice in selected questions was administered. Questions were both closed

ended and open ended. A post-test was administered after the students viewed a forty-five minute long video which was presented to educate the participants to the folk healing art of the Curandero. The post-test asked participants to re-take the pre-test while considering the new information they had learned in the video. The results of both tests were statistically analyzed, testing for a significant change in attitude toward and knowledge of curanderismo.

Procedure

This study is a one group, pre-test post-test design evaluation, using descriptive statistics to evaluate the intervention. Data was collected from the university student participants during a pre-test, then a video was shown which is the intervention, then more data collected with a post-test. Data was coded, then entered into the SPSS.PC+ statistical analysis program for univariant and bivariat analysis to run. Data collection took approximately 10 weeks to complete.

Protection of human subjects

The study was explained to the participants before the pre-test. Precautions for participant confidentiality were taken, including removing the signed consent form from the survey instrument before scoring was done. The consent forms were stored away in a safe place and were not shared with anyone. An explanation of the minimal psychological for study participants was offered, with information of how

to reach the tester in case there was any type of question or concern by a participant. The purpose of the study was explained and a debriefing statement offered to each participant.

Results

Pre-test and post-test scores from both student groups were compared on questions eight through seventeen on the survey. A two tailed t test measured the difference between the two test scores. The two student group's scores were also compared to each other to show any general differences or similarities between BSW students and MSW students in attitudes, beliefs, and ability to change.

There was an anticipated correlation expected to be found between attitude and religion. This correlation was expected because of a general thinking by some that more fundamentalist-type religious groups may be less flexible in their acceptance of non-traditional types of beliefs. There was a significant difference found in some of the questions by religion, however the results were scattered in many directions and no trend, positive or negative, was observed.

Results from questions eight through seventeen can be seen in table 4. beginning with question 8 which read, "There is too much tolerance for non-traditional religions in America", there was no significant difference between pre-test and post-test scores for either group. In both

groups, and in both tests, the great majority of students either strongly disagreed or disagreed with the statement.

Question 9 read, "My social work program offers adequate information about folk healing or alternative therapy." Again the majority in both groups, in the pre-test and the post-test either strongly disagreed or disagreed with this statement.

There was a significant ($P < .000$) difference in the MSW group between the pre-test and the post-test scores on statement number 10. It read, "I could work together with a folk healer to treat my client, even though there would be chants and incantations done by the folk healer." The largest change in attitude was the drop from pre-test strongly disagree or disagree, to the increase in agree or strongly agree with the statement. This indicates a significant positive change in attitude toward working with a folk healer, after viewing the video educational intervention. The BSW students showed a similar growth toward acceptance also, however not at a significant level ($P < .256$). They also indicated a stronger level of negative responses than the MSW students.

In question 11 which read, "I believe folk healing is barbaric and invites the influence of the Devil, and that anyone involved in it should not be allowed to practice social work", again there was no significant difference in pre-test and post-test scores in either group. In the MSW

Table 4
Pre-test and Post-test Results for Student Population
Questions Eight - Thirteen

Question #		Test Responses						
Pre or Post-		Test Responses						
Test		and Results						
MSW or BSW								
(N=77)	(N=25)	N/%	DK/NA	SD	D	A	SA	MD
#8 MSW		N	6	33	28	9	0	1
Pre-Test		%	7.8	42.9	36.4	11.7	0	1.3
#8 MSW		N	2	37	31	7	0	0
Post-Test		%	2.6	48.1	40.3	9.1	0	0
(Pre M= 1.526, Post M= 1.539, Dif.= -.013, t= -.17, P<.867)								
#8 BSW		N	3	5	11	3	2	1
Pre-Test		%	12	20	44	12	8	4
#8 BSW		N	2	6	13	2	2	0
Post-Test		%	8	24	52	8	8	0
(Pre M= 1.833, Post M= 1.791, Dif.= .041, t= .17, P<.870)								
#9 MSW		N	15	35	22	2	2	1
Pre-Test		%	19.5	45.5	28.6	2.6	2.6	1.3
#9 MSW		N	12	37	23	3	1	1

Table 4. Continued...

Post-Test % 15.6 48.1 29.9 3.9 1.3 1.3
 (Pre M= 1.223, Post M= 1.263, Dif.= -.039, t= -.54, P<.593)

#9 BSW	N	4	0	13	7	1	0
Pre-Test	%	16	0	52	28	4	0

#9 BSW	N	1	2	11	9	2	0
Post-Test	%	4	8	44	36	8	0

(Pre M= 2.040, Post M= 2.360, Dif.= -.320. t= -1.36, P<.188)

#10 MSW	N	15	9	13	28	12	0
Pre-Test	%	19.5	11.7	16.9	36.4	15.6	0

#10 MSW	N	9	5	2	42	19	0
Post-Test	%	11.7	6.5	2.6	54.5	24.7	0

(Pre M= 2.168, Post M= 2.740, Dif.= -.571, t= -4.01, P<.000)

#10 BSW	N	5	2	2	12	4	0
Pre-Test	%	20	8	8	48	16	0

#10 BSW	N	2	4	0	14	5	0
Post-Test	%	8	16	0	56	20	0

(Pre M= 2.320, Post M= 2.640, Dif.= -.320, t= -1.16, P<.256)

#11 MSW	N	7	40	27	2	1	0
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Table 4. Continued...

Pre-Test	%	9.1	51.9	35.1	2.6	1.3	0
#11 MSW	N	4	47	25	1	0	0
Post-Test	%	5.2	61.4	32.5	1.3	0	0
(Pre M= 1.350, Post M= 1.298, Dif.= .051, t= .63, P=<.531)							
#11 BSW	N	3	10	10	0	2	0
Pre-Test	%	12	40	40	0	8	0
#11 BSW	N	3	10	9	0	3	0
Post-Test	%	12	40	36	0	12	0
(Pre M= 1.520, Post M= 1.600, Dif.= -.080, t= -1.00, P<.325)							
#12 MSW	N	1	49	22	4	1	0
Pre-Test	%	1.3	63.6	28.6	5.2	1.3	0
#12 MSW	N	0	46	27	1	2	1
Post-Test	%	0	59.7	35.1	1.3	2.6	1.3
(Pre M= 1.407, Post M= 1.460, Dif.= -.052, t= -.75, P<.453)							
#12 BSW	N	3	11	9	1	0	1
Pre-Test	%	12	44	36	4	0	4
#12 BSW	N	1	9	13	2	0	0

Table 4. Continued...

Post-Test % 4 36 52 8 0 0
 (Pre M= 1.333, Post M= 1.583, Dif.= -.250, t= -1.37, P<.185)

#13 MSW	N	27	7	12	22	9	0
Pre-Test	%	35.1	9.1	15.6	28.6	11.7	0

#13 MSW N 11 2 6 41 17 0
 Post-Test % 14.3 2.6 7.8 52.2 22.1 0
 (Pre M= 1.727, Post M= 2.662, Dif.= -.935, t= -5.35, P<.000)

#13 BSW	N	7	3	2	9	4	0
Pre-Test	%	28	12	8	36	16	0

#13 BSW N 3 3 2 13 4 0
 Post-Test % 12 12 8 52 16 0
 (Pre M= 2.000, Post M= 2.480, Dif.= -.480, t= -1.54, P<.136)

<p><u>Legend.</u> N/= Number or Percentage, DK/NA= Do not know or No Answer, SD= Strongly Disagree, D= Disagree, A= Agree SA= Strongly Agree, MD= Missing Data, Pre M= Pre-Test Mean, Post M= Post-Test Mean, Dif.= Mean Difference, t= t value, and P= 2-tail Probability.</p>

Table 4. describing the results of questions eight through

thirteen of the student survey for both MSW and BSW students, and both pre-test results and post-test results.

group the majority either strongly disagreed or disagreed with the statement. The BSW group scored similarly but with a larger group either with a "do not know" or "no answer" response, or a "strongly agree" response, indicating a less accepting attitude toward folk healing than the MSW group.

"I think the whole issue of cultural diversity is overblown in importance", is how question 12 was stated. There was no significant change between either group from the pre-test to the post-test. The results were very similar for both groups with the vast majority of students in both the pre-test and the post-test stating they either strongly disagree or disagree with the statement.

The MSW student group had a significant ($P < .000$) level of difference between tests on question 13, which stated, "I would invite a curandero or curandera to practice folk healing on selected patients/clients of mine." The largest change in pre-test scores and post-test scores was the move from the "do not know" or "no answer" response, and the "strongly disagree" or "disagree" response, to the positive side of "agree" or "strongly agree". The BSW students showed an increase in positive responses, however it was much weaker ($P < .136$) than the MSW group, plus the change came only from the "do not know" or "no answer" response, not the

Table 5
Pre-test and Post-test Results for Student Population
Question Fourteen

	Incorrect Responses		Correct Responses	
	N	%	N	%
Pre-Test				
MSW	30	39	47	61
Post-Test				
MSW	0	0	77	100
(Pre M= 1.389, Post M= 1.000, Diff.= .389, t= 6.96, P<.000)				
Pre-Test				
BSW	11	44	13	52*
Post-Test				
BSW	2	8	22	88**
(Pre M= 1.458, Post M= 1.083, Diff.= .375, t= 3.71, P<.001)				
*= Missing Data N= 1, %= 4, **= Missing Data N= 1, %= 4.				

Table 5. A strong gain in knowledge by both groups in recognizing the definition of a curandero.

"strongly disagree" or "disagree" responses which remained the same and higher than the MSW group. This again suggest

that the BSW group was less responsive to positive change.

The next question, number 14, was an open-ended question simply asking participants to write in what they thought a curandero was. In this test of knowledge there was a significant increase in knowledge between the pre-test scores and post-test scores by both MSW ($P < .000$) and BSW ($P < .001$) students. Some students however would not change their attitude toward curanderos and insisted that curanderismo was associated with witchcraft and was evil, as shown in Table 5.

Questions fifteen through seventeen were scenario questions. The results of these questions can be found in Table 6. Question 15 and its choices was as follows:

You are a social worker at a state mental hospital and have just had Mr. G, assigned to your case load. During your initial interview with Mr. G, who has the diagnosis of Schizophrenia, Paranoid Type, he says to you, "I need to be cleansed, I need Limpia!" When you ask him about Limpia, he does not explain what this means, but repeats it two more times during your session.

- A. I would not pay much attention to it, this is just part of his delusional thinking.
- B. I would add hallucinations to his diagnosis.
- C. I would ask him about a curandero.
- D. I would ask him about a machaca.
- E. I do not know how to respond.
- F. Other _____.

Positive changes were significant for both MSW ($P < .000$) and BSW ($P < .002$) groups in the scores from the pre-test to the post-test. This indicates that a majority of students

would at least be willing to discuss the possibility of curanderismo services with their patients. The majority of students in the pre-test reported that they did not know how to respond. Some MSW responses to the post-test "other" section of question fifteen were; "We are not allowed to use non-conventional healing methods at this hospital", and I would know what he was talking about and would address it, but would not use a curandero". BSW responses to the same area were; "I would explain that I don't practice such ritual", and, "I would suggest client have someone else contact curandero as it is considered by myself as detrimental and unsound treatment and is perceived as harmful in my opinion - I would not assist in the promotion of this activity".

Question 16 reads;

You are a social worker employed at a county clinic and a man comes into your office for weekly therapy sessions. He is very depressed because he misses his family in Mexico. He came out here by himself to earn enough money to go back home and purchase his own farm. He has been here for two years and has made very little money. In today's session he said he is suffering from mal de susto. His affect is very elevated. He appears to be terrified and explains that a spell has been placed on him by a bruja. He begs you to contact a local folk healer to help him break the evil spell.

A. I would try to calm him down by gently explaining that there is no such thing as evil spells. Once I convinced him of that I could do guided imagery to let him face his fear, then begin Reality Therapy to confront his irrational thinking.

B. I would humor him while I tried to decide if I should 5150 him.

C. I would explain to him that I am sorry but that I could not work with a folk healer because it is

against my moral principals, or is against my religious beliefs to promote belief in witchcraft.

D. I would not know what to do.

E. I would consult with a folk healer.

F. Other_____.

Again there was a significant positive change in both MSW ($P < .000$) and BSW ($P < .038$) students from the pre-test scores to the post-test scores. This indicates that many students were unsure of their action during the pre-test, but after viewing the video the majority of students stated that they would be willing to consult with a folk healer.

Some of the MSW responses to the "other" response were; "I would tell him that I can't contact a folk healer for him, but to ask around so that he may be healed", "Consult with a colleague and refer the patient to another professional", "I would encourage him to consult a folk healer on his own", "Confer with another social worker, perhaps establish a helpline resource list, but I would not want to be personally involved", and "Suggest he return to Mexico for a brief visit". The BSW student's responses were, "Refer him to a folk healer and not be directly involved in practicing rituals", and "I would again suggest the client seek assistance from another person as this form of treatment is seen as detrimental and possibly harmful to the patient. Would you assist in a confirmed Satanic ritual???".

The last scenario question, number 17 reads;

Table 6

Pre-test and Post-test Results for Student Population
Scenarios, Questions Fifteen - Seventeen

*= Correct Response

Group & Test		Responses					
	N/%	A	B	C	D	E	F
#15 MSW	N	5	0	19*	0	52	1
Pre-Test	%	6.5	0	24.7	0	67.5	1.3
#15 MSW	N	0	0	68*	0	4	5
Post-Test	%	0	0	88.3	0	5.2	6.5
(Pre M= 4.259, Post- = 3.298, Dif.= .961, t= 5.80, P<.000)							
#15 BSW	N	1	0	5*	0	19	0
Pre-Test	%	4	0	20	0	76	0
#15 BSW	N	0	0	22*	0	1	2
Post-Test	%	0	0	88	0	4	8
(Pre M= 4.440, Post M= 3.320, Diff.= 1.120, t= 3.47, P<.002)							
#16 MSW	N	3	0	3	19	48*	4
Pre-Test	%	3.9	0	3.9	24.7	62.3	5.2
#16 MSW	N	0	0	3	3	65*	6

Table 6. Continued...

Post-Test % 0 0 3.9 3.9 84.4 7.8
 (Pre M= 4.571, Post M= 4.961, Diff.= -.389, t= -4.04, P<.000)

#16 BSW	N	1	0	1	10	11*	2
Pre-Test	%	4	0	4	40	44	8

#16 BSW	N	0	0	2	1	20*	2
Post-Test	%	0	0	8	4	80	8

(Pre M= 4.440, Post M= 4.880, Diff.= -.440, t= -2.19, P<.038)

#17 MSW	N	6	4	16*	0	42	9
Pre-Test	%	7.8	5.2	20.8	0	54.5	11.7

#17 MSW	N	1	1	54*	0	9	12
Post-Test	%	1.3	1.3	70.1	0	11.7	15.6

(Pre M= 4.233, Post M= 3.662, Diff.= .571, t= 2.85, P<.006)

#17 BSW	N	0	5	6*	0	10	4
Pre-Test	%	0	20	24	0	40	16

#17 BSW	N	0	1	17*	1	4	2
Post-Test	%	0	4	68	4	16	8

(Pre M= 4.080, Post M= 3.560, Diff.= .520, t= 1.64, P<.114)

Table 6. Indicates the results of the three scenario

questions of the survey, by student group and by pre-test and post-test.

You are again a social worker in the county clinic and a mother, age 35, and her son, age 7, were referred to you by C.P.S.. In the C.P.S. social worker's report it states that the mother's next door neighbor called C.P.S. because she noticed that the boy was never seen outside anymore. The next door neighbor asked her own son, who attended school with the missing boy, how the missing boy was doing at school. The next door neighbor's son said that the missing boy was rarely at school lately, and that he was real quiet and did not want to play at recess like he did previously. When the C.P.S. worker went out to investigate he reported that the mother became very excited and irrational. She started screaming that the lady across the street gave her son the "evil eye." She kept saying that the lady would not cooperate, so they needed the ceremony of the huevo. The C.P.S. worker said he would allow the child to stay in the home only if they both went to therapy and the child returned to school. Upon their arrival at your office the mother tells you that she needs your help in removing the evil eye. The boy just sits there, appearing bewildered.

- A. I would explain to the mother that she is in America now and that this is the 20th century. I would make sure she understood that if she does not comply with the treatment she may lose her son. I would use cognitive therapy to get her to realize how irrational her thinking is.
- B. I would try to calm her down, using Rogerian Techniques, so that she will trust me enough to change her thinking.
- C. I would contact the neighbor who lives across the street from the client and ask if she would be willing to cure the boy from the evil eye.
- D. I would contact the C.P.S. worker and recommend the boy be removed from the home because of a clear and present danger of witchcraft from the mother.
- E. I would not know what to do.
- F. Other_____.

Here only MSW students had a significant positive change ($P < .006$) from mostly unsure in the pre-test, to the correct response in the post-test. There was a large move toward

the correct response in the BSW group, however there was a scattering of responses, plus a larger group still remained unsure of their action making the change not significant ($P < .114$). Still this indications are that the majority of students in both groups would be willing to become actively involved in promoting the use of curanderismo with their patients. There were however many responses to the "other" choice. The MSW "other" responses suggested that a curandero be called to cure the child rather than the lady across the street. The BSW "other" responses were, "Make a referral to curandero, but not partake in ceremony or healing sessions," and "Start were the client is - Consult a folk healer if that is what the client request."

Overall there was a positive change in knowledge and acceptance of curanderismo by both groups, from before the educational intervention was administered, to after the educational intervention was administered. The MSW students were slightly more accepting than the BSW students. There was a disturbing group of about 8% of the sample who did not change toward a more accepting attitude toward curanderismo, or in working with people who either practice or associate with the folk belief.

Discussion

In this study it was found that most of the student population was open to considering working with, or at least consulting with, a curandero. For most students this change

came after viewing the video presentation which demonstrated a brief history of the influences which formed curanderismo, and examples of curanderos actually performing cleansing ceremonies. Most change came in student's knowledge of the folk healing tradition. Many of those students who did not know how to respond to folk healing situations in the pre-test moved to answers saying they would consider using the services of a curandero with some of their clients/patients. This represents an open-minded attitude which is necessary in social work, so that clients who may be of differing opinions, or have different values than the practitioner, get fair and unbiased service.

The great majority of students expressed dissatisfaction with their education about folk healing or alternative therapies. However, the students themselves can go out and find the information they need to be effective practitioners who are able to deal with multicultural issues.

The disturbing part of this study was the percentage of students who were unmovable in their negative attitude toward serving clients who practice curanderismo. One wonders why these people are willing to impose their own values onto the client. This perhaps does represent a failure on the part of social work education. There is not enough information or training offered in cross-cultural therapeutic techniques and theories. Alternatively, it is possible that these students were over-socialized by their

dominant group and are unable to think for themselves at this time. Another possibility is that it could have been the educational intervention video that may have had a negative effect on them.

What is frightening is that these uncompromising thinkers comprise 8% of the sample of future social workers. They will practice with a rigid value system which does not facilitate their sensitive treatment of people who's values differ from their value system. This was true of approximately 6% of the MSW students, and of approximately 11% of the BSW students.

It can be seen from this information that overall the MSW and BSW students were open to and tolerant of cultural sensitivity training. Especially once the mystery was exposed and explained, and the benefit to the client was demonstrated. It can be assumed that a majority of students taking part in this study did increase their knowledge about curanderismo, and that a majority of students did become more accepting of the idea of working with a curandero after viewing the educational intervention. There is comfort in the thought that the large majority of students being open, however, what to do about the culturally insensitive future social workers is still a question to be dealt with.

The implications of this study's findings are that the majority of clients are being treated by open-minded practitioners, but a sizeable minority will be treated by

people who think the client who practices curanderismo is evil, less worthy, or not treatable by them because of their cultural beliefs. Good luck to those poor clients, and good luck to those social workers in their search for their homogeneous cliental.

In conclusion what this study has brought forward is the dilemma of what to do about those 8% of the sample population who refused to change. Should we set up a stricter admission gate to social work programs, to allow only those applicants admission to social work programs who are progressive and will treat all clients on an equal basis? Should there be a way of screening students out during their education from reports from field work supervisors or other interested parties? Perhaps the offenders advancement to candidacy should be blocked to prevent them from graduation, thus keeping them from practicing at the Masters level.

But then would education not doing what the culturally insensitive students are doing, only serving those who's views and values are the same as theirs? That is the dilemma, a sort of "catch 22". This question has certainly come up at many schools and remains one that is worthy of much future research. Should schools go ahead and keep these potentially damaging social workers from practicing, thereby acting as the gatekeepers that the community expects the schools to be. Or should they be strict in their

adherence to the concept that education is for everyone and no person or organization should prevent a person from earning a living as they wish to.

From a conflict theorist perspective it seems that the role of a social worker is that of one who's obligation it is to serve all people, of all ideals, SES levels, religious beliefs, and all cultural, political, and racial make-up. Therefore, if a person is not willing to assume the responsibility and the obligation of the work, then they have made their choice and should not be working in the social work profession.

There should be much more information made available dealing with cultural issues in training social workers, and the practice texts need a great deal of revision in this area also. Perhaps social workers are becoming too compliant with the majority norms, which lately have become more conservative in nature.

Currently practice seems to be run more by insurance company's interest than the client's interest, and what are social workers doing to challenge this invasion? Another intrusion is the new idea of managed care. These two words actually do not go together, for example, look at some of the definitions of these words found in a dictionary; Care\ n. 1: suffering of mind 2: a disquieted state of blended uncertainty, apprehension, and responsibility 3: painstaking or watchful attention. Manage(d)\ v. 1: to

handle or direct with a degree of skill or address: as: to make and keep submissive 2: to alter by manipulation (Mish, 1985). Is this just another gesture of those in power to manage the poor, and also social workers?

Social workers must look around them and see what is going on, their clients are being restricted to treatment in the name of saving money. Again money is being placed above the value of the person. This is where the social worker must ask themselves, "Where are my values?" If those values are such that they are willing to let their future be dictated to them by insurance companies and politicians, then perhaps they would have no qualms in allowing the rigid social work sample to practice in the future without being challenged. If, however, the social worker is having trouble seeing clients in need being turned away, with community agencies being closed and other services being reduced or cut, then perhaps they can see where it is necessary to encourage open-minded workers who care for all people to fill the ranks of social work practitioners.

APPENDIX A

Informed Consent

The purpose of this survey is to examine social work student's knowledge of, and attitude toward, Curanderismo. This study is being conducted at selected Inland Empire Universities by Anthony J. Riech, who is a graduate student in Social Work at California State University, San Bernardino. The study will be supervised by Dr. Teresa Morris, Assistant Professor of Social Work. If after participation in this study you have any questions or concerns about the study, you may contact either of the above persons through the Department of Social Work at San Bernardino by calling (909) 880-5501 or (909) 880-5561.

Although there may be terms or phrases that you are not familiar with, answer the questions to the best of your ability. Please do not look to your fellow student for input or information about questions. This survey will be used also to test for knowledge and attitude after an educational intervention has been employed, and the results of both survey answers compared. It is estimated that it will take you approximately fifteen minutes to fill out the pre-test survey, forty-five minutes to view the video educational intervention, then ten minutes to fill out the

post-test survey. The entire process, including time for passing out and collecting surveys is estimated to be about one and one-half hour.

Your participation in this study is completely voluntary. Minimal or no psychological danger to participants is expected. Please try to respond to the survey as completely and honestly as possible; however, you may feel uncomfortable answering some of the questions in the survey. In the event that you experience any discomfort you may skip the question or withdraw your participation and/or data from the study at any time without penalty.

Please sign the informed consent form, enter the date, and your school name. This is for tester information only. Your name will be protected with the strictest confidentiality measures by keeping the consent forms in a sealed container, controlled only by the tester. In order to maintain the confidentiality of your responses, do not write your name on the survey. This page will be detached before the data is examined.

I acknowledge that I have been informed of and understand the nature and purpose of this study, and I freely consent to participate.

Participant's Signature

Date

Participant's University

APPENDIX B

Survey of Folk Healing Attitudes

Please fill out the information in the general information section of the survey. Write all responses on the survey form. The ID number has already been filled in for you, please try to remember your number so you can match it with phase two of the study.

General Information

1. ID Number _____
2. Female _____ Male _____
3. Age _____
4. Currently a: BSW student _____ MSW student _____
5. Race: Please mark your racial heritage below. If you are of mixed heritage please mark the race you have the greatest percentage of, or if you prefer, the race that you personally identify with.

Anglo/European _____

African decent _____

Latino but not Mexican _____

Mexican _____

Asian/Pacific Islander _____

Native American/Indian _____

Other (Please

Specify) _____

6. Please write in the name of your religious organization/orientation _____.

Section One

Listed in this section are a number of statements or questions about folk healing. Please indicate your degree of agreement or disagreement with each question or statement using the following scale:

4 = SA (Strongly Agree)

3 = A (Agree)

2 = D (Disagree)

1 = SD (Strongly Disagree)

0 = DK or NA (Don't know or not applicable)

Question number 14 is an open-ended question. Just write in your answer as best you can, if you have no knowledge of the subject just write in I DON'T KNOW.

7. I consider myself to be religious.

0 1 2 3 4

DK or NA SD D SA A

8. There is too much tolerance for non-traditional religions in America.

0 1 2 3 4

DK or NA SD D A SA

9. My social work program offers adequate information about folk healing or alternative therapy.

0 1 2 3 4

DK or NA SD D A SA

10. I could work together with a folk healer to treat my client, even though there would be chants and incantations done by the folk healer.

0 1 2 3 4

DK or NA SD D A SA

11. I believe folk healing is barbaric and invites the influence of the Devil, and that anyone involved in it should not be allowed to practice as a social worker.

0 1 2 3 4

DK or NA SD D A SA

12. I think that the whole issue of cultural diversity is overblown in importance.

0 1 2 3 4

DK or NA SD D A SA

13. I would invite a Curandero or a Curandera to practice folk healing on selected patients/clients of mine.

0 1 2 3 4

DK or NA SD D A SA

14. To me, a curandero is _____
_____.

Section Two

Scenarios: Please respond to the following scenarios as if all clients/patients were Mexican. Respond to the questions following the scenario as if you were the social worker performing the direct intervention with a Mexican client/patient. Read the scenario, then read the question that applies to the scenario. Select the answer that best meets your anticipated response to the situation by circling the appropriate letter. If you think the correct answer is missing, fill in the response named "other" with a short response.

There may be some terms or language in the scenario that

you are not familiar with. Again, just answer the question to the best of your ability and as quickly as possible, please do not guess. If you do not actually know the answer please indicate that in the response area.

15. Scenario One. You are a social worker at a state mental hospital and have just had Mr. G assigned to your case load. During your initial interview with Mr. G, who has the diagnosis of Schizophrenia, Paranoid Type, he says to you, "I need to be cleansed, I need Limpia!" When you ask him about Limpia, he does not explain what this means, but repeats it two more times during your session.

- A. I would not pay much attention to it, this is just part of his delusional thinking.
 - B. I would add hallucinations to his diagnosis.
 - C. I would ask him about a curandero.
 - D. I would ask him about a machaca.
 - E. I do not know how to respond.
 - F. Other _____
-

16. Scenario Two: You are a social worker employed at a county clinic and a man comes into your office for weekly therapy sessions. He is very depressed because he misses his family in Mexico. He came out here by himself to earn enough money to go back home and purchase his own farm. He

has been here for two years and has made very little money. In today's session he said he is suffering from mal del susto. His affect is very elevated. He appears to be terrified and explains that a spell has been placed on him by a bruja. He begs you to contact a local folk healer to help him break the evil spell.

A. I would try to calm him down by gently explaining that there is no such thing as evil spells. Once I convinced him of that I could do guided imagery to let him face his fear, then begin Reality Therapy to confront his irrational thinking.

B. I would humor him while I tried to decide if I should 5150 him.

C. I would explain to him that I am sorry but that I could not work with a folk healer because it is against my moral principals, or is against my religious beliefs to promote belief in witchcraft.

D. I would not know what to do.

E. I would consult with a folk healer.

F. Other _____

17. Scenario Three. You are again a social worker in the county clinic and a mother, age 35, and her son, age 7, were referred to you by C.P.S.. In the C.P.S. social worker's

report it states that the mother's next door neighbor called C.P.S. because she noticed that the boy was never seen outside anymore. The next door neighbor asked her own son, who attended school with the missing boy, how the missing boy was doing in school. The next door neighbor's son said that the missing boy was rarely at school lately, and that he was real quiet and did not want to play at recess like he did previously. When the C.P.S. worker went out to investigate he reported that the mother became very excited and irrational. She started screaming that the lady across the street gave her son the "evil eye." She kept saying that the lady would not cooperate, so they needed the ceremony of the huevo. The C.P.S. worker said he would allow the child to stay in the home only if they both went to therapy and the child returned to school. Upon their arrival at your office the mother tells you that she needs your help in removing the evil eye. The boy just sits there, appearing bewildered.

A. I would explain to the mother that she is in America now and that this is the 20th century. I would make sure she understands that if she does not comply with the treatment she may lose her son. I would use cognitive therapy to get her to realize how irrational her thinking is.

B. I would try to calm her down, using Rogerian Techniques, so that she will trust me enough to change her thinking.

C. I would contact the neighbor who lives across the street from the client and ask if she would be willing to cure the boy from the evil eye.

D. I would contact the C.P.S. worker and recommend the boy be removed from the home because of a clear and present danger of witchcraft from the mother.

E. I would not know what to do.

F. Other _____
_____.

Instructions for Phase Two

You have now viewed a short film dealing with Curanderismo and have seen an actual Limpia, which is a cleansing ceremony, performed by a curandero. You should also have in your possession a glossary of terms which deal with Mexican Folk Healing. With the information you received from these two educational aids, and considering how you processed it with your own views and values, please go back and answer questions 7 through 17 again. Use the same instructions as before. Thank you for your participation.

ID Number _____

Section One - B

Listed in this section are a number of statements or questions about folk healing. Please indicate your degree of agreement or disagreement with each question or statement using the following scale:

4 = SA (Strongly Agree)

3 = A (Agree)

2 = D (Disagree)

1 = SD (Strongly Disagree)

0 = DK or NA (Don't know or not applicable)

Question number 14 is an open-ended question. Just write in your answer as best you can, if you have no knowledge of the subject just write in I DON'T KNOW.

7. I consider myself to be religious.

0 1 2 3 4

DK or NA SD D A SA

8. There is too much tolerance for non-traditional religions in America.

0 1 2 3 4

DK or NA SD D A SA

9. My social work program offers adequate information about folk healing or alternative therapy.

0 1 2 3 4

DK or NA SD D A SA

10. I could work together with a folk healer to treat my client, even though there would be chants and incantations done by the folk healer.

0 1 2 3 4

DK or NA SD D A SA

11. I believe folk healing is barbaric and invites the influence of the Devil, and that anyone involved in it should not be allowed to practice as a social worker.

0 1 2 3 4

DK or NA SD D A SA

12. I think that the whole issue of cultural diversity is overblown in importance.

0	1	2	3	4
DK or NA	SD	D	A	SA

13. I would invite a Curandero or a Curandera to practice folk healing on selected patients/clients of mine.

0	1	2	3	4
DK or NA	SD	D	A	SA

14. To me, a curandero is _____
_____.

Section Two - B

Scenarios: Please respond to the following scenarios as if all clients/patients were Mexican. Respond to the questions following the scenario as if you were the social worker performing the direct intervention with a Mexican client/patient. Read the scenario, then read the question that applies to the scenario. Select the answer that best meets your anticipated response to the situation by circling

the appropriate letter. If you think the correct answer is missing, fill in the response named "other" with a short response.

There may be some terms or language in the scenario that you are not familiar with. Again, just answer the question to the best of your ability and as quickly as possible, please do not guess. If you do not actually know the answer please indicate that in the response area.

15. Scenario One. You are a social worker at a state mental hospital and have just had Mr. G assigned to your case load. During your initial interview with Mr. G, who has the diagnosis of Schizophrenia, Paranoid Type, he says to you, "I need to be cleansed, I need Limpia!" When you ask him about Limpia, he does not explain what this means, but repeats it two more times during your session.

- A. I would not pay much attention to it, this is just part of his delusional thinking.
- B. I would add hallucinations to his diagnosis.
- C. I would ask him about a curandero.
- D. I would ask him about a machaca.
- E. I do not know how to respond.
- F. Other _____

16. Scenario Two: You are a social worker employed at a

county clinic and a man comes into your office for weekly therapy sessions. He is very depressed because he misses his family in Mexico. He came out here by himself to earn enough money to go back home and purchase his own farm. He has been here for two years and has made very little money. In today's session he said he is suffering from mal del susto. His affect is very elevated. He appears to be terrified and explains that a spell has been placed on him by a bruja. He begs you to contact a local folk healer to help him break the evil spell.

A. I would try to calm him down by gently explaining that there is no such thing as evil spells. Once I convinced him of that I could do guided imagery to let him face his fear, then begin Reality Therapy to confront his irrational thinking.

B. I would humor him while I tried to decide if I should help him.

C. I would explain to him that I am sorry but that I could not work with a folk healer because it is against my moral principals, or is against my religious beliefs to promote belief in witchcraft.

D. I would not know what to do.

E. I would consult with a folk healer.

F. Other _____

17. Scenario Three. You are again a social worker in the county clinic and a mother, age 35, and her son, age 7, were referred to you by C.P.S.. In the C.P.S. social worker's report it states that the mother's next door neighbor called C.P.S. because she noticed that the boy was never seen outside anymore. The next door neighbor asked her own son, who attended school with the missing boy, how the missing boy was doing in school. The next door neighbor's son said that the missing boy was rarely at school lately, and that he was real quiet and did not want to play at recess like he did previously. When the C.P.S. worker went out to investigate he reported that the mother became very excited and irrational. She started screaming that the lady across the street gave her son the "evil eye." She kept saying that the lady would not cooperate, so they needed the ceremony of the huevo. The C.P.S. worker said he would allow the child to stay in the home only if they both went to therapy and the child returned to school. Upon their arrival at your office the mother tells you that she needs your help in removing the evil eye. The boy just sits there, appearing bewildered.

A. I would explain to the mother that she is in America now and that this is the 20th century. I would make sure she

understands that if she does not comply with the treatment she may lose her son. I would use cognitive therapy to get her to realize how irrational her thinking is.

B. I would try to calm her down, using Rogerian Techniques, so that she will trust me enough to change her thinking.

C. I would contact the neighbor who lives across the street from the client and ask if she would be willing to cure the boy from the evil eye.

D. I would contact the C.P.S. worker and recommend the boy be removed from the home because of a clear and present danger of witchcraft from the mother.

E. I would not know what to do.

F. Other _____
_____.

End

APPENDIX C

The Debriefing Statement

Debriefing Statement

The study you participated in was to test social work student's attitudes toward and knowledge of curanderismo, Mexican folk-healing. A one group design, and a pre-test and a post-test were used to measure the impact of an educational intervention, the purpose of which was to decrease the lack of knowledge of, and the negative attitude toward, curanderismo.

The study was developed as a research project of Anthony J. Riech who is a M.S.W. Student at California State University, San Bernardino. If there are any questions regarding your participation in this study please feel free to contact Mr. Riech through the Social Work Department of San Bernardino by calling (909) 880-5501. You may also contact Mr. Riech's faculty advisor, Dr. Teresa Morris at San Bernardino by calling (909) 880-5561.

A note of caution: You now should have a better understanding of curanderismo and the nomenclature used by it's practitioners. You may now think differently about someone claiming to have an evil eye cast upon them or needing to be cleansed, and you may even consider including the services of a curandero in your treatment plan. This

change of attitude was a goal of this study. However it must be remembered that mental illness, for example schizophrenia, may be culturally specific in symptoms. It is commendable that you may now look at someone saying they have been cursed by a bruja and you now consider the possibility of cultural beliefs. But remember not to automatically rule out mental disease as a real possibility. This person saying that they are under the influence of a burja may mean the bruja that transmits thoughts to them through the television or radio.

If your are interested in obtaining the general results of this study they will be made available by the first week of June, 1994, at your school Social Work Office. Thank you for your participation, it was greatly appreciated. Good luck in your Social Work career.

Anthony J. Riech M.A.

APPENDIX D

Hand Out - Spanish Terms

Glossary of Spanish Terms*

Aire, air or cold that enters the body, causing illness.

In Mexican Indian tradition, evil spirits are associated with aire or mal aire. According to the ancient Aztecs, illness was not natural; it had mystical causes, and was carried down from the mountain on winds.

Bruja, witch.

Brujo, warlock; sorcerer.

Chicano, a Mexican American, any person of Mexican ancestry who is a citizen of the United States.

Curanderismo, Hispanic, especially Mexican and Mexican American, folk medicine, and in particular the activities of healers.

Curandero, folk healer; someone who heals; Indian medicine man. The word often carries the connotation that the healer has supernatural powers or heals by the grace of God. A female healer is called a curandera. The Velazquez dictionary defines curandero as "quack, medicaster, an artful and tricking practitioner in physic."

Espanto, fright; see susto. Espanto seems to be used

most often in relation to the apparition of a ghost.

Espiritista, a member of the Spiritist sect, which was founded in France by Allan Kardek (d. 1869).

Espiritualista, member of the Spiritualist sect founded by a Mexican seminarian, Roque Rojas, in the 1960s in Mexico.

Hispano, Hispanic. Refers to a person or thing of Spanish origin, characteristic, or culture. As applied to people, it is a broad term that includes all Spaniards and Spanish Americans, of whatever national origin.

Limpia, a cleansing; a ritual purifying or sweeping of the patient, using an egg or a little broom made of herbs, such as California peppertree (pirul), rosemary, rue and sage, that are believed to be effective in getting rid of evil influences.

Mal (de) ojo, evil eye. Evil eye is said to cause illness, particularly in children, but also in "weaker" adults, when a "strong" person covets, envies, or simply admires another or another's possessions without taking certain preventative measures. One should not admire a child, for example, without pinching its cheek or making the sign of the cross on a baby's forehead. Symptoms of mal de ojo may include sudden, severe headaches, inconsolable weeping, unusual fretfulness, and elevated temperature.

Santo, saint; an image of a saint.

Sobador, a healer who uses massage techniques to treat illness. A woman is called a sobadora.

Susto, fright; an illness brought on by a fright or frightening experience. It is sometimes believed that the fright jars the soul from the body, in which case treatment consists of calling the soul back.

=====

* Terms taken from: Roeder, B.A. (1988). Chicano folk medicine from los angeles, california. Associated with University of California Publications: Folklore and Mythology Studies, Vol. 34. Berkeley and Los Angeles CA: University of California Press.

APPENDIX E

Notice of Results to Student Participants

Dear Student Participant,

Thank you for your participation in the study;
Psychotherapy Encounters Curanderismo: Implications for Mexican Clients Treated in the United States by Culturally Insensitive Social Workers. Your participation was very helpful to not only the tester, but to the social work community, as your input and views will be considered by all who happen to read this work.

Problem Focus

This study had a Conflict Theory orientation and a Positivist design. The major social work role addressed in this study was direct practice, examining the interaction of social workers with their Mexican clients who happen to practice Curanderismo. Practice with individuals rather than families and groups was the study's focus.

This study addressed two questions. The first was, what is the social work student's current state of knowledge of, and attitude toward folk healers, in particular, Curandero's or Curandera's. The second question was, how do these attitudes change after the social work student has been informed about the particular folk healers approach and beliefs.

The Conflict Theory was chosen because as described in the literature Mexican clients are oppressed by the dominant group, consisting mainly of Anglo mental health practitioners. The oppression is not always overt, yet is there room in social work direct practice for covert, or even unintentional oppression? Social work students are social change agents, yet if they are not given the information needed to change in their training programs, or at their agencies or clinics, can we blame them for not knowing about other cultures? The answer is yes. It is the social workers' duty to educate themselves about such important issues as cultural differences. The reality is that we are not going to treat a homogeneous clientele.

An underlying goal of this study was to do more than to just raise consciousness about a culturally insensitive system of treatment and training, but during the study, to offer a form of education about Curanderismo. Participants were challenged to review their attitudes to curanderismo, and educated about ways to include the use of a Curandero, a male practitioner, or a Curandera, a female practitioner, in their practice.

This study measured MSW and BSW students' knowledge of and attitude toward Mexican clients/patients who participate in the folk healing art of curanderismo before and after an educational intervention was shown to the students. A significant majority of students did become more accepting

of working with these clients/patients, and with a curandero(a), and a significant increase in knowledge was observed during the study. However, there was approximately 8% of the student population who did not change from a negative attitude to a positive attitude, which could indicate a cultural bias and a wish to practice social work according to one value system only. MSW students were found to be slightly more accepting and willing to change than BSW students.

Once again thank you very much for your input and your questions. If there are any further questions feel free to contact me or my research advisor, Dr. Teresa Morris, at the Social Work Department at California State University, San Bernardino, (909) 880-5561.

Respectfully,

Anthony J. Riech, M.A.

APPENDIX F

Letters of Approval - Human Subject Boards
California State University, San Bernardino
and
California State Polytechnic University, Pomona



**CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO**

*The California
State University*

December 17, 1993

To Whom it May Concern:

Anthony Riech has our permission to solicit subjects from among our M.S.W. students for his study of attitudes towards curanderismo. He also has our permission to request time in particular classes for this training and survey.

DEPARTMENT
OF
SOCIAL WORK

714/880-5501

Sincerely,

A handwritten signature in cursive script, reading "Rosemary McCaslin".

Rosemary McCaslin, Ph.D., A.C.S.W.
Director, M.S.W. Program

5500 University Parkway, San Bernardino, CA 92407-2397

- 1) In the informed consent form please add the following information:
- a) Duration of research participation, for example, the length of time it is estimated that it will take for the subjects to fill out the pre- and post-test surveys.
 - b) The name of the person to contact in the event that subjects have questions or concerns about the study.
 - c) Add a sentence explaining how confidentiality will be maintained. We suggest that you reword the last sentence of Paragraph 4 to
- Your proposal is approved; however, please make the following changes and submit them to the Institutional Review Board prior to data collection.

- ☒ Your proposal is approved.
- ☐ Please notify the IRB if any substantive changes are made in your research prospectus and/or any unanticipated risks to subjects arise.
- ☐ Your proposal cannot be approved at this time.
- ☐ Please modify and resubmit your proposal to IRB.
- ☐ Your proposal can be approved if you clarify the following points and/or submit the following missing materials:

- ☐ Exempt review recommended based on category —
- ☒ Expedited review recommended based on category 3
- ☐ Full board review recommended

To:	Anthony J. Riech
From:	Department of Social Work Yu-chin Chen (IRB Chair)
Project Title:	Psychotherapy Encounters Curanderismo: Implications for Mexican Clients Treated in the United States by Culturally Insensitive Social Workers.
Project ID:	I-94W-08
Date:	March 3, 1994

Mu-ling Chen

INSTITUTIONAL REVIEW BOARD
CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

- d) In order to maintain the confidentiality of your responses, do not write your name on the survey. This page will be detached before the data is examined."
- Integrate the information in the second and third paragraphs of the informed consent. For example, "Your participation in this study is completely voluntary. Minimal or no psychological danger to participants is expected. Please try to respond to the survey as completely and honestly as possible; however, you may feel uncomfortable answering some of the questions in the survey. In the event that you experience any discomfort you may skip the question or withdraw your participation and/or data from the study at any time without penalty."
- 2) In the debriefing form, please add a sentence to inform the subjects when and how to obtain the general results of the study if they are interested.
- 3) A suggestion for your questionnaires. In your instructions for Section 1 you may want to specifically tell the subjects to circle the appropriate response, i.e., the number. For section 2, we suggest that the appropriate options for each scenario be placed on the same page with the scenario.



3801 West Temple Avenue
Pomona, California 91768-4052
Telephone (909) 869-3890

Behavioral Sciences
College of Arts

10 February 1994

Mr. Tony Riech
1881 Pacific Ave.
Norco, CA 91768

Dear Mr. Riech:

As I indicated to you over the phone your proposal to conduct a survey involving Cal Poly students has been approved by the Human Subjects Committee of this department. You are therefore advised to contact the instructor(s) of the course(s) you wish to survey to arrange the details.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gary A. Cretser".

Gary A. Cretser, Ph.D.
Chair/Professor

Agriculture • Arts • Business Administration • Engineering • Environmental Design • Science
School of Education • School of Hotel and Restaurant Management
Member of The California State University

COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS IN PSYCHOLOGICAL RESEARCH

DECISION FORM

The Committee for the Protection of Human Subjects in Psychological Research has met and considered the following research proposal:

Title Social Worker Students Attitudes toward Clientism

by Anthony J. Rieck, Principal Investigator.
Members of the committee who considered the proposal are:

Joseph J. Leon, chairperson

Susan N. Seaw

Nancy J. Horken

Wayne Brown

The findings of the committee are as follows:

☐ The committee has determined that the proposed research does not involve collecting data from human subjects and thus approves the proposal as is. Adequate safeguards, if needed, for the confidentiality of any information (as in using previously collected and coded data) are present.

☒ The committee has determined that human subjects in the proposed research are at no physical risk and are at little or no psychological risk. Adequate safeguards for the informed consent and the confidentiality of information are built into the project and the committee approves the proposal as is.

☐ The committee has determined that human subjects in the proposed research are at no physical risk but are at some psychological risk. However, adequate safeguards about informed consent are built into the project to insure that subjects are participating voluntarily and that they may choose to withdraw their participation at any time. Confidentiality of information is protected. The committee approves the proposal as is.

☐ The committee has determined that adequate safeguards are not built into the project, or that confidentiality of data is not assured, or that subjects are at too great a psychological or physical risk and thus do not approve the project.

Date: 1 Feb 94 Signed: Joseph J. Leon, chairperson

Susan N. Seaw

Nancy J. Horken

Wayne Brown

Uninterested

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